



QUARTERLY REPORT TO THE LEGISLATURE

**SERVICES TO PERSONS WITH
DEVELOPMENTAL DISABILITIES WHO HAVE
COMMUNITY PROTECTION ISSUES OR ARE
DIVERTED/DISCHARGED FROM STATE
HOSPITALS**

Chapter 7, Laws of 2001, E2, Section 205(1)(c)

Department of Social and Health Services
Health and Rehabilitative Services Administration
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Chapter 7, Laws of 2001, E2, Section 205(1)(c) requires the Division of Developmental Disabilities to report, within 45 days following each fiscal quarter, the number of persons served in the community through the Public Safety Proviso, where they were residing, what kinds of services they were receiving prior to placement, and the actual expenditures for all community services to support these clients.

BACKGROUND

Prison Discharge Clients

As part of the Public Safety Proviso, the legislature appropriated funds to the Division of Developmental Disabilities (DDD) to provide community supports for 26 developmentally disabled individuals upon their release from the Department of Corrections (DOC). These funds were provided at an average daily rate of \$275.00 per client/per day.

Hospital Discharge/Diversion Clients

Providing services to individuals with developmental disabilities who are diagnosed with mental illness and/or are otherwise gravely disabled is a long-term state and national issue. Since 1985, the Washington State Legislature has periodically provided funding to enable some developmentally disabled clients to move out of state hospitals when community placement is recommended. Between August 1996-1998, however, the number of people with developmental disabilities at the state's two psychiatric hospitals grew from 53 to a high of 92.

In January 1999, the Washington Protection and Advocacy System filed a federal class action lawsuit (*Allen v DSHS*) alleging abuse and neglect of individuals with developmental disabilities at Western State Hospital (WSH). It further alleged that individuals were denied opportunities for discharge and community support, and that they were at risk for unnecessary involuntary commitment. A mediated settlement agreement was reached in December 1999. Among the terms of the agreement, the state agreed to request funding from the legislature to implement a three-phase remedy titled the Division of Developmental Disabilities/Mental Health Division Collaborative Work Plan.

The supplemental budget passed in the 2000 legislative session included \$6,673,000 to fund phases one and two of the collaborative work plan. Phase three of the work plan proposed to establish involuntary treatment facilities. Phase three was not initially funded. The legislature instead required a comprehensive study of long-term treatment alternatives for individuals with developmental disabilities and mental illness. The report's recommendation was to continue to house involuntary treatment clients at the two state psychiatric hospitals.

The legislature authorized funds to support phase three at the state psychiatric hospitals in the 2001-2003 operating budget.

As part of the Public Safety Proviso, the legislature appropriated funds to the Division of Developmental Disabilities to provide community supports for 18 developmentally disabled individuals upon their release from state psychiatric hospitals and 30 developmentally disabled individuals who utilized diversion beds in an effort to avoid unnecessary hospitalization. These funds were provided at an average daily rate of \$275.00 per client/per day.

STATUS

Prison Discharge Clients

Eleven individuals have been placed into the Division's Community Protection Program this biennium. Eight were from the Department of Corrections; two were from the Juvenile Rehabilitation Administration, and one from the federal prison system. The average daily rate is \$298.28. (See Attached Spread Sheet).

During the last quarter (April 2002 through June 2002), four individuals have been placed. Prior to their placement with DDD, the three people with sexual offenses participated in psychosexual treatment while incarcerated.

JB was living in foster care when he pled guilty to one count of Indecent Liberties with Forcible Compulsion after admitting that he coerced a male peer into having sex at their high school. In addition, he has ten arrests for assault and three for malicious mischief. While at Maple Lane School, he attended school and participated in a sex offender treatment group, a

Native American group, a social skills group, and an art group. Since moving to the DDD Community Protection Intensive Supported Living Program, JB participates in individual weekly therapy with a Sex Offender Treatment Professional (SOTP). He lives in a home with three housemates and receives 24-hour line of sight supervision. He works two days a week and maintains contact with his grandmother and his former foster mother. JB registers as a Level 1 Sex Offender.

JWB had several arrests for child molestation that were dropped along with a history of aggressive behaviors. In 1998, he was convicted of Child Molestation in the First Degree. The victim was an 8-year-old girl. He spent time in foster care as a child and did not receive any paid services from DDD. He currently lives with two roommates and receives 24-hour supervision. He has been identified as a Dangerous Mentally Ill Offender (DMIO) and registers as a Level 2 Sex Offender. JWB does not currently receive ongoing mental health services and supports but does have regular and ongoing DDD contracted sex offender treatment from an SOTP.

DO served approximately 10 years for 3 counts of Robbery in the First Degree. He had 13 arrests, beginning at age 15, and 4 convictions for theft in the Third Degree. Six of these offenses were for violent offenses. Other offenses include malicious mischief, injury to property, stealing, and shoplifting. While in prison, he had many instances of fighting, threatening others and at least one instance of starting a fire. He has been in foster care, YMCA Youth Shelter, Toutle River Boys Ranch, Twin Rivers Boys Home, and Juvenile Detention. While incarcerated at the Special Offender Center in Monroe, he was medicated involuntarily. He is classified as a Dangerous Mentally Ill Offender (DMIO). DO receives psychiatric and counseling services from a mental health provider on a regular and ongoing basis.

MC has a 1995 conviction of three counts of Sexual Molestation in the First Degree against children. He spent time in prison. Upon his release from prison, he violated his parole and was charged with having non-consenting sex with a female peer from a rehab program. He was sent to a federal prison because he committed his crimes on the Lummi Indian Reservation. Prior to his prison sentence, he resided with his family on the reservation. He was made eligible for DD services in 2000 but did not utilize any until his move into the Community Protection Program. He registers as a Level 3 Sex Offender. MC receives sex offender treatment

on a regular and ongoing basis from a DDD contracted SOTP paid for out of the proviso funding. In addition, MC receives outpatient drug and alcohol treatment, attends Alcoholics Anonymous, and also receives mental health counseling and anger management therapy from a mental health agency.

Housing for individuals who must register as sex offenders is becoming increasingly hard to find. Division staff has participated in several public meetings held by the local law enforcement agencies for notification of registered sex offenders. All four individuals have community corrections officers who are involved with the treatment team and interact regularly with the individuals and providers.

Hospital Discharge/Diversion Clients

Hospital Outplacements

The Division of Developmental Disabilities has placed nine clients out of the state psychiatric hospital into Intensive Tenant Support Services (ITS) since July 1, 2001 with an average daily rate of \$274.70. (See attached spreadsheet).

For the quarter April 2002 through June 2002, one client was placed into ITS services. Prior to community placement, KT received habilitative mental health services at Western State Hospital (WSH) as part of the WSH DDD Specialized Treatment Unit. These inpatient services included group and individual counseling services, community-based vocational services, and highly specialized individual treatment plans including positive behavioral support plans and functional assessments. Prior to admission to WSH, KT had been living in a Congregate Care Facility (CCF) and had been seeing a SOTP monthly for his sexual aggression. KT is in the Community Protection Program. The SOTP is paid by DDD within the proviso therapy allocation. While in the CCF, KT did not have a structured day services or employment program. Now, KT is in a specialized residential program that works with individuals with community protection concerns and is being referred for vocational services. KT also receives mental health crisis intervention services as needed.

It is noted that two additional clients have been placed into residential contracts but have not moved this quarter, as it has been difficult to find

housing for them. They are, however, expected to move the first week in August.

Diversion Bed Outplacements

The Division of Developmental Disabilities has placed seventeen clients into the community out of the crisis diversion beds since July 1, 2001, with an average daily rate of \$274.09. (See attached spreadsheet). Because the division used unspent funds from outplacement client JE to enhance current residential supports for client GM, we were able to place an additional client within the existing outplacement funds.

For the quarter April 2002 through June 2002, 4 clients were placed into proviso-funded residential services and supports. Of the four clients, one had previously been homeless, two had been living in an Intensive Tenant Support Program, and one had previously resided in her own home. The individual living in her own home had received 144 hours per month of Medicaid Personal Care through an Individual Provider and 40 hours per month of Alternative Living Services, a program within the division that supports individuals in their own home. It is noted that the division has now combined Intensive Tenant Support (ITS) programs and Alternative Living Services (ALS) under the grouping of Supported Living (SL).

WF had been receiving 4 hours per day of ITS/SL services and attended a mental health day program 2 hours a day, 3 days per week. In addition, WF received other types of support including mental health services and special therapies. WF was admitted to a diversion bed due to increased threatening and intimidating behavior, and the agency that was serving him could no longer support him. While in the diversion bed, efforts began to find a new support agency. WF moved into a specialized ITS/SL program on April 4, 2002. WF now receives funds for day/employment services and is doing well. WF continues to receive ongoing and regular mental health services including case management, crisis intervention, and medication services.

CP had been living in an Alternative Living Program and had been receiving 144 hours of support per month from an Individual Provider through Medicaid Personal Care funds and 40 hours per month of Alternative Living Services. CP has been receiving mental health supports but continues to experience difficulties. In addition, CP had employment services but because of mental health problems, she could not work. After being in the diversion bed twice in the previous 4 months

and requiring 1:1 supports 24 hours per day, CP received outplacement funds in an effort to support her in the community. CP continues to experience difficulties but is receiving increased mental health services such as case management, therapy, and medications as well as a higher level of residential supports. CP has not been readmitted to a diversion bed.

Prior to being admitted to a diversion bed, TD had been receiving 3.5 hours per day of ITS/SL services in her own home as well as group supported employment. TD had begun to experience an increase in psychiatric/mental health symptoms and began receiving 16 hours a day of “add-on” staff supports. TD continued to have difficulties and was admitted to the diversion bed where she received an in-depth psychiatric evaluation and medication evaluation as well as other supports from the diversion bed staff. After becoming stable, TD was discharged back to her residential support provider with the funding necessary to support her in her home. TD receives ongoing mental health supports from Compass Health which include medications and crisis intervention services. TD’s mental health status has improved greatly, and the client is in process of being referred back to her own general practice physician for medications. TD is also feeling well enough to return to work.

SG was homeless when she was admitted to the diversion bed in Spokane. SG had mental health problems as well as chemical dependency problems. SG had fled her previous ITS/SL program in Seattle two months prior, and had hitchhiked to Spokane to avoid legal charges pending from a previous encounter with law enforcement. After being admitted to the diversion bed, SG began to show an interest in clearing up her legal problems and decided to stay in Spokane and attempt to make a life for herself. DDD helped SG get mental health and chemical dependency services and has made a referral for vocational supports. SG is now living in an ITS/SL program and doing well.

2001-2003
Proviso Tracking OUTPLACEMENT TOTALS

Diversion Bed Outplacements					Type of Services				Expenditures	
<u>Region</u>	<u>Client Number</u>	<u>Previous Residence</u>	<u>Residential Start Date</u>	<u>Number of Days in Service</u>	<u>Residential Daily Rate</u>	<u>Day Services Daily Rate</u>	<u>Other Daily Rate</u>	<u>Therapies Daily Rate</u>	<u>Average Daily Expend.</u>	<u>Total Expend. To Date</u>
4	#1 AH	Family Home	7/26/2001	340	\$ 246.00	\$ 24.00	\$ -	\$ -	\$ 270.00	\$ 91,800.00
6	#2 MA	Group Home	8/19/2001	316	\$ 274.90	\$ -	\$ -	\$ -	\$ 274.90	\$ 86,868.40
1	#3 JP	Adult Family Home	11/1/2001	242	\$ 234.39	\$ 24.00	\$ -	\$ -	\$ 258.39	\$ 62,530.38
3	#4 CS	Adult Family Home	11/1/2001	242	\$ 240.90	\$ 24.00	\$ -	\$ 10.00	\$ 274.90	\$ 66,525.80
6	#5 GM	Group Home	12/1/2001	212	\$ 42.03	\$ 24.00	\$ 10.00	\$ 10.00	\$ 86.03	\$ 18,238.36
2	#6 MH	Group Home	12/17/2001	196	\$ 267.15	\$ -	\$ -	\$ 10.00	\$ 277.15	\$ 54,321.40
4	#7 TR	Adult Family Home	12/20/2002	193	\$ 235.05	\$ 24.00	\$ 10.00	\$ -	\$ 269.05	\$ 51,926.65
6	#8 JE	Adult Family Home	1/7/2002	175	\$ 212.87	\$ 24.00	\$ 10.00	\$ 10.00	\$ 256.87	\$ 44,952.25
2	# 9 OH	ITS	2/1/2002	150	\$ 250.89	\$ 24.00	\$ -	\$ -	\$ 274.89	\$ 41,233.50
4	#10 MS	Parents Home	3/1/2002	122	\$ 249.50	\$ 24.00	\$ -	\$ -	\$ 273.50	\$ 33,367.00
5	#11 OL	Homeless	3/1/2002	122	\$ 263.33	\$ 18.00	\$ -	\$ 10.00	\$ 291.33	\$ 35,542.26
3	#12 AE	Adult Family Home	3/15/2002	108	\$ 240.90	\$ 24.00	\$ -	\$ 10.00	\$ 274.90	\$ 29,689.20
1	#13 BW	Adult Family Home	3/29/2002	94	\$ 242.41	\$ 17.34	\$ -	\$ 10.00	\$ 269.75	\$ 25,356.50
5	#14 WF	ITS	4/2/2002	90	\$ 227.84	\$ 20.00	\$ -	\$ 10.00	\$ 257.84	\$ 23,205.60
2	#15 CP	Ind Provider	5/15/2002	47	\$ 245.03	\$ 21.37	\$ -	\$ -	\$ 266.40	\$ 12,520.80
3	#16 TD	ITS	6/1/2002	30	\$ 240.90	\$ 24.00	\$ -	\$ 10.00	\$ 274.90	\$ 8,247.00
1	#17 SG	homeless	6/28/2002	3	\$ 210.00	\$ 16.43	\$ -	\$ 8.21	\$ 234.64	\$ 703.92
Average for Diversion Bed Outplacements									\$ 274.09	\$ 687,029.02
Hospital Outplacements										
<u>Region</u>	<u>Client Number</u>	<u>Previous Residence</u>	<u>Residential Start Date</u>	<u>Number of Days in Service</u>						
6	#1 JC	WSH	9/10/2001	294	\$ 254.90	\$ -	\$ 10.00	\$ 10.00	\$ 274.90	\$ 80,820.60
3	#2 ST	WSH	8/1/2001	334	\$ 240.90	\$ 24.00	\$ -	\$ 10.00	\$ 274.90	\$ 91,816.60
4	#3 DH	WSH	10/22/2001	252	\$ 207.80	\$ 24.00	\$ -	\$ -	\$ 231.80	\$ 58,413.60
5	#4 LM	WSH	12/28/2001	185	\$ 254.89	\$ 20.00	\$ -	\$ -	\$ 274.89	\$ 50,854.65
5	#5 RG	WSH	12/28/2005	185	\$ 254.89	\$ 20.00	\$ -	\$ -	\$ 274.89	\$ 50,854.65
2	#6 ES	ESH	12/6/2001	207	\$ 258.67	\$ 24.00	\$ -	\$ 14.80	\$ 297.47	\$ 61,576.29
6	#7 KS	WSH	1/31/2002	151	\$ 274.90	\$ -	\$ -	\$ -	\$ 274.90	\$ 41,509.90
4	#8 AH	WSH	2/1/2002	150	\$ 249.50	\$ 24.00	\$ 6.60	\$ 14.50	\$ 294.60	\$ 44,190.00
5	#9 KT	CCF	5/1/2002	61	\$ 243.96	\$ 20.00	\$ -	\$ 10.00	\$ 273.96	\$ 16,711.56
Average for Hospital Outplacements									\$ 274.70	\$ 496,747.85

2001-2003
Proviso Tracking OUTPLACEMENT TOTALS

Prison Outplacements		Previous	Residential	Number of								
Region	Client Number	Residence	Start Date	Days in Service								
6	#1 SB	DOC	7/1/2001	365	\$ 307.14	\$ -	\$ 3.61	\$ 26.27	\$ 337.02	\$ 123,012.30		
6	#2 PR	DOC	7/1/2001	365	\$ 247.50	\$ -	\$ 20.88	\$ 26.27	\$ 294.65	\$ 107,547.25		
5	#3 TC	DOC	11/21/2001	222	\$ 240.01	\$ 20.00	\$ -	\$ 14.80	\$ 274.81	\$ 61,007.82		
3	#4 TB	DOC	1/1/2002	181	\$ 273.00	\$ 26.97	\$ -	\$ 10.00	\$ 309.97	\$ 56,104.57		
3	#5 DT	DOC	2/1/2002	150	\$ 273.00	\$ 26.00	\$ -	\$ 10.00	\$ 309.00	\$ 46,350.00		
4	#6 EW	Juvenile Rehab	3/1/2002	122	\$ 320.62		\$ 6.57		\$ 327.19	\$ 39,917.18		
5	#7 DB	DOC	3/1/2002	122	\$ 262.13	\$ 20.00	\$ -	\$ 15.00	\$ 297.13	\$ 36,249.86		
3	#8 JB	Juvenile Rehab	4/2/2002	90	\$ 272.00	\$ 20.00		\$ 10.00	\$ 302.00	\$ 27,180.00		
6	#9 JWB	DOC	6/20/2002	10	\$ 244.00	\$ 20.00		\$ 17.37	\$ 281.37	\$ 2,813.70		
4	#10 DO	DOC	5/28/2002	34	\$239.87	\$ 20.00		\$ 12.00	\$ 271.87	\$ 9,243.58		
4	#11 MC	Fed DOC	4/24/2002	84	\$ 244.08	\$ 20.00		\$ 12.00	\$ 276.08	\$ 23,190.72		
Average for Prison Outplacements									\$ 298.28	\$ 532,616.98		
Total Average Daily Expenditures												
Total Expenditures to Date										\$ 3,432,787.70		

Note:

* An additional client (#5) was able to return to his group home placement with diversion bed outplacement funds to increase his current level of supports. These funds were left over from serving client # 8, therefore client # 5 & 8 were counted as one funded placement .